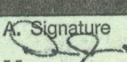


<b>SENDER: COMPLETE THIS SECTION</b>	
<p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>1. Article Addressed to:  Office, managing or general agent Credit Acceptance 25505 WESC 12 Mile Rd. Southfield, MI 48034</p>	
<p>2. Article Number (Transfer from service label)  9590 9402 6084 0125 8150 79</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>	
<p>4. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>5. Received by/Printed Name  <span style="border: 1px solid black; padding: 2px;">FEB 2 2023</span></p>	
<p>6. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><i>Mr. Crespo</i></p>	
<p>7. Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>8. Domestic Return Receipt</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053